WOMEN IN WHITE

BOOKS BY FRANK G. SLAUGHTER

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WOMEN IN WHITE

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All characters in this book are fictitious, and any resemblance to actual persons, living or dead, is purely coincidental.

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WOMEN IN WHITE

CHAPTER 1

JUNE IN MIAMI is much like midsummer farther north, with the difference that the constant sea breeze, sweeping westward across the towering skyline of the famous resort hotels marking the Golden Strand of Miami Beach, plus the sparkling blue waters of Biscayne Bay separating the two cities, tempers both heat and humidity to a pleasant, languorous warmth. The rustle of palm fronds is a constant soft obbligato beneath the more strident theme of automobile motors, the deep staccato roar of motorboat engines, and the higher-pitched whine of jet airplanes beginning the descent to Miami International Airport, one of the busiest in the country.

It was just a quarter to three on a Tuesday afternoon when Helga Sundberg left the rear entrance of Bayside Terrace. The former luxury hotel had been converted to apartments when four blocks of prime bay-front land just north of downtown Miami were turned into the sprawling new Biscayne University Medical Center, with the twenty-story hospital tower its central point. Inhabited largely by the faculty and staff of the center, the old hotel stood in the midst of a tropical garden surrounding the swimming pool where a few of its residents fortunate enough to have the day off were splashing or sunning.

Crossing the putting green beyond the pool, Helga didn't bother to think how nice it would be to swim or lie in the sun;

there would be plenty of time for that over the weekend, when she would be off duty from Friday night until Monday afternoon. Immediately ahead was the daily reality of her job as nursing supervisor in the combined medical Intensive Care Units of the great hospital during the eight hours between three and eleven that always brought a succession of small crises, and sometimes larger ones, when the decisions and prompt actions of a highly trained and resourceful ICU nurse could easily make the difference between life and death.

Across the green spread of lawn separating Bayside Terrace from Biscayne General, Helga could see the three-to-eleven shift coming on duty, a brigade of women in white converging upon the towering citadel of the great hospital in a thrice-daily assault. At the concrete marquee over the main entrance, the purring engine of a city bus spilled a barrage of exhaust fumes into the atmosphere as it disgorged a chattering bevy of women in all sizes, shapes, ages, and variety of uniforms. Behind the bus a taxi slid to a stop and five nurses emerged, scrabbling in handbags for change to pay the driver. In the line of cars waiting to approach the marquee a husband, eager to relinquish a white-clad wife and thereby gain eight hours of relative freedom, honked his car horn impatiently. And from the multilevel parking garage across the boulevard, lines of nurses in white nylon, attendants in pink or blue, cafeteria personnel in pale green, and an occasional visiting doctor in summer seersucker converged upon the crossing lines or waited for the light to change.

Reluctant to leave the sunlight for the atmosphere of tension that invariably greeted her when she opened the doors to the main ICU section which, with the adjoining Emergency Department, occupied the rear half of the hospital's ground floor, Helga Sundberg turned away from the main entrance. Following a graveled path, she skirted the bulkhead separating the water from the garden, her goal the Emergency Department entrance at the rear of the hospital.

Tall, blonde, blue-eyed, Helga was vigorously alive with the

healthy beauty of her Nordic heritage. Her body, too, in a white orlon pants suit, was as symmetrically proportioned as if her measurements had been calculated by a computer, instead of being the result of a casual encounter between sperm and ovum, each bearing its varied quota of the ultra-microscopic genes that control heredity. What was more, like the healthy human animal she was, she ate what she wanted when she wanted it and had never been sick a day in her twenty-five years of vigorous and uninhibited living.

Pausing for a moment on the bulkhead, the tall nurse watched the joyous leaps of mullet in the bay that stretched here for almost a mile between beach and mainland. No one knew just why a distinctly lower-class fish like mullet—whose major claim to immortality was the fact that, fried in hot fat with a corn-meal-based delicacy called a "hush puppy," it turned into a dish fit for the gods—chose on bright warm days to quit its normal watery environment in ecstatic leaps that often carried it as much as three feet into the air before falling back with a splash. Unless it was from the sheer joy of living or, perhaps more likely, while playing a game of hide-and-seek with some finny predator beneath the surface.

On a solitary concrete piling, barnacle-covered where it jutted from the water as the sole remains of the pier that had served the hotel for a promenade in better days, sat a morose-looking, sleepy-eyed pelican. An almost grotesque gargoyle in repose, it turned into a thing of startling grace and beauty when, with a few flaps of its wings, it rocketed upward, to plunge in an arrow-straight dive into the bay. Seconds later the grayish bird emerged, flapping awkwardly toward its perch upon the crumbling piling, water streaming from its beak around the silvery body of the fish it had captured for its dinner and which, once again perched on the piling, it proceeded to devour with almost obscene relish.

Nearer the bulkhead, where the mud-sand bottom had been laid bare for a few feet by the receding tide, fiddler crabs scurried about, each carrying a single huge claw before it, like a small boy stumbling reluctantly toward his weekly

music lesson, bearing his violin case before him. And in the shallows a few snowy egrets stalked majestically on pipestem legs, spearing an unwary minnow or a small scuttling crab every now and then with rapierlike bills.

Where a side path joined the graveled walk that followed the bulkhead, Helga turned reluctantly away from the water, intending to enter the hospital through a door beside the circular drive and ambulance unloading platforms at the entrance to the Emergency Department. The sound of an automobile horn blaring in frantic haste and the anguished squeal of brakes and tires stopped her short, however, as she was opening the side door to the Emergency Room. Turning toward the source of the sound, she saw a station wagon, driven so fast that it barely managed to negotiate the circular drive giving access to the ambulance unloading platforms, come to a screaming stop.

The woman driving the wagon piled out in frantic haste and fell to one knee, only managing to save herself from sprawling full length on the cement by catching the side of the ramp. Helga instinctively started down the ramp to help but the woman waved her back.

"I'm all right, nurse," she said, recognizing Helga's white uniform. "It's my little girl. She's choking to death!"

Moving quickly to the door of the station wagon, Helga pulled it open. The child lying on the front seat appeared to be about four. Her lips and ear lobes were dark from what Helga recognized immediately as the cyanosis of oxygen lack, her skin was dusky from the same cause, and her chest heaved as she tried to suck air into her lungs but without avail, obviously because of an obstruction.

"She was gulping a wiener," the mother started to explain but Helga didn't stop to listen. Picking up the limp burden of the child, she ran up the ramp and through the swinging doors into the Emergency Room itself.

The place was oddly deserted for an area that was usually busy. Helga understood the reason, when she glanced through the door of the small surgery at one side of the Emergency

Room and saw the familiar stocky form of Dr. Michael Raburn. The Surgical Fellow, who was also director of Emergency Services, was bending over a wound he was suturing and a spattering line of tiny bloodstains across the front of the surgeon's gown told Helga he was coping with the serious emergency of a cut artery. Dr. Nolan Gaither, the interne on duty in the ER, was also gowned and gloved and stood across from Mike Raburn holding a forceps ready. The seven-to-three nursing supervisor was standing by too, ready to hand the surgeons whatever instruments or dressings might be needed from the sterile reserve table that was always kept set up in anticipation of just such an emergency as they were treating now.

Recognizing that she could expect no immediate help from the ER crew, Helga moved quickly with her burden into the nearest of the half dozen examining-treatment cubicles lining the side of the main Emergency Room. Draping the small form of the child over the examining table, head downward, she gave her a sharp whack between the shoulder blades, hoping to jar loose the bread or meat, which both logic and experience with this not uncommon Emergency Room problem told her was obstructing the opening into the larynx called the glottis and blocking the entrance of air into the lungs by way of the trachea, or windpipe.

When a second whack, even harder than the first, still brought no results, Helga knew more drastic measures must be taken and wasted no time in calling for help. Lifting the child, she stretched her out on the table, this time on her back, with her head hanging over the end in a position designed to facilitate exposing the glottis, if possible, and removing the obstruction.

"Can I do anything, Miss Sundberg?" A student nurse had appeared at the entrance to the cubicle.

"Keep her neck hyperextended," said Helga and, relinquishing the child's head to the nurse, looked for the laryngoscope and tenaculum forceps that should have been on the small table in the corner. They weren't there, but something else

was—a sterile needle-catheter setup used for starting continuous intravenous injections, the whole enclosed in a transparent plastic envelope. And with it, Helga saw a chance to save the child, whose feeble attempts at respiration had now all but ceased.

Mike Raburn had lectured briefly only last week on a recently reported method of by-passing the obstruction in cases such as this by means of just such a needle-catheter as lay on the table. And as she started tearing open the plastic protecting it from contamination, Helga's mind was rehearsing the steps he had outlined at the monthly conference of the ICU and Emergency Department staff, comprising the most knowledgeable group of people in dealing with life or death situations at the entire medical center.

While Helga's left hand explored the child's Adam's apple —the cartilage box protecting the larynx and vocal cords—the fingers of her right hand were busy removing the needle-catheter, with its plastic disposable syringe attached and the point of the needle encased within the nylon sheath projecting perhaps half an inch beyond the tip of the catheter. Feeling along the series of cartilage rings of the trachea, she located the cricothyroid membrane just below the Adam's apple. And setting the point of the needle against the now dark blue skin of the unconscious child's neck, she angled it downward about forty-five degrees before thrusting the point through the skin, the lining membrane, and into the trachea.

A quick pull on the plunger of the attached disposable syringe brought air into the barrel, confirming that the needle point had penetrated the respiratory tract itself. Holding the shaft steady, Helga pushed the needle inward about another quarter of an inch, before starting to work the nylon sheath that almost covered it down over the point now resting inside the respiratory passage.

When she withdrew the needle from inside the catheter, leaving the latter in place, air immediately whistled through it. But, knowing more would be needed if the near asphyxiated child were to be saved before oxygen lack endangered

vital brain tissues, the nurse took down the emergency oxygen tube hanging from a hook attached to the wall panel in each of the cubicles.

The open end of the oxygen tube slipped over the plastic flange at the outer end of the catheter without difficulty. When it was secure, Helga reached for the control valve on the wall beside the oxygen supply and began to turn it slowly. In his lecture, Mike Raburn had emphasized that the valve must be opened carefully, lest the pressure from the main supply of oxygen piped throughout the hospital overinflate the lungs and damage the delicate air sacs.

As Helga listened to the hiss of the gas through the catheter into the little girl's respiratory passage, however, something Mike had failed to mention happened. When the positive pressure built up in lungs straining for air suddenly exceeded the atmospheric pressure forcing the meat fragment against the glottis, the end of the wiener popped from the small throat like a bullet, splattering with catsup and mustard the white uniform of the student nurse who was holding her head. At the same moment the little girl gave a gasping cry, sucking air into her lungs along with the oxygen that was whistling through the catheter. Almost immediately, too, the color of her lips and skin began to improve rapidly as the vital gas passed through the lining membrane of the lung air sacs and into her bloodstream, where it was absorbed by the hemoglobin in oxygen-starved red blood cells.

"Your baby's going to be all right," Helga assured the mother, who had stopped crying and was watching with fascinated eyes the tense drama being enacted in the narrow cubicle.

"Is–is that the piece of meat?" The mother pointed to the section of wiener resting in the lap of the student nurse.

"The cause of all the trouble." Helga picked up the small fragment. "When I gave her oxygen through the small tube, it blew out the obstruction."

"But it's so small. How could anyone choke to death on something as small as that?"

"What happened, Miss Sundberg?" Six feet two, with the broad shoulders of the All-American fullback he'd been at Harvard, Mike Raburn stood in the entrance to the cubicle. He had stripped off the sterile gloves he'd worn during the surgical procedure, but still wore the operating gown, with the line of small bloodstains across the front from the spurting artery he'd been forced to ligate.

"She just saved my daughter's life, that's what," said the mother. "Where were you, Doctor?"

"He was operating," said Helga.

"On a severed artery," Mike added.

"She aspirated part of a hot dog." Helga wondered why the tips of her fingers had started to tingle. "There was no laryngoscope around, so I used that needle-catheter technique you lectured on last week."

"I'm glad to see it works so well. We'll leave the catheter in awhile, but I'll cut down the oxygen." Mike reached up to the control valve on the wall panel and closed it slowly until the hiss of gas through the catheter was barely audible. "Don't want to overinflate her lungs." When he turned to face Helga again, he reached out suddenly, however, and took the flanged connection of the catheter from her hands. "Wait in my office, Miss Sundberg," he said.

"I'm late for—" Helga shook her head to clear it, and didn't succeed. "Yes, Dr. Raburn," she managed to say.

"Take this tube, Miss Stern," she heard him tell the student nurse as she stumbled from the cubicle, but his voice sounded strangely distant. Nor could she understand why her legs felt as if the muscles were gone and why the white tiled walls were swinging slowly in a wide arc. She didn't even realize Mike Raburn was just behind her until she felt his hands beneath her elbows guiding her through a door and easing her into a comfortable chair in his office.

"Don't try to get up," he said firmly. "Back in a second."

When he returned he was carrying a mug of steaming coffee from the urn that stayed hot night and day in the utility room.

"Drink this," he commanded, handing it to her, "all of it."

As Helga obeyed, a wailing cry came from outside the office, followed by the unmistakable sound of vomiting. Mike left and when he came back perhaps five minutes later Helga was finishing the last of the coffee. He took the mug from her and put it on the desk.

"Is the little girl okay?" Helga managed to ask but the voice that spoke sounded only faintly like her own.

"Fine. She emptied her stomach and was still yelling, so I removed the catheter. What about you?"

"My fingers still tingle and I feel like I could pass out any minute."

"You realize what a chance you just took, don't you?" His voice was suddenly harsh and accusing. "That procedure's so new it was only reported in the *Journal* of the AMA two weeks ago. You didn't wear sterile gloves either and there was no sign of antiseptic on the skin of her neck."

"What the hell did you expect me to do?" The unjustness of his accusation brought a sudden surge of anger. "That girl was dying."

"I know." His voice had changed again and Helga suddenly realized that her anger had quite washed away the feeling of faintness. When she looked at Mike, too, she saw that he was smiling and wondered how she could ever have thought him ugly.

"Damn you, Mike Raburn," she said.

"That's better," he told her.

"What happened to me anyway?"

"Stress reaction. In order for you to cope with a life or death situation promptly the way you did, a lot of adrenalin had to be pumped into your bloodstream from the suprarenal glands. When the emergency was over, you didn't need the extra adrenalin any longer but it was still there and your body reacted to it."

"Then you deliberately made me mad just now so I would burn it up?"

"Right."

"That was a dirty trick. If you weren't so darned big, I'd sock you."

"Be my guest." He turned his face so his jaw was exposed.

"And break my hand? No, thank you."

When he turned to look at her again, there was an odd look in his eyes, as if he were seeing her for the first time—and liking what he saw.

"How long have we known each other?" he asked.

"Almost two years. Since Carolyn and I came here from Brazil."

"Brazil?" He frowned. "What in the world were you two doing there?"

"Nursing in a mission hospital."

"You—a missionary?"

"I said I was nursing—and no cracks about my being better suited for the role of Sadie Thompson."

"No cracks," he promised. "I was just thinking that for the past two years I've seen you only as a tall, beautiful broad who's also my best friend's girl."

"I'm nobody's girl, except when I choose to be. Besides, Ed Vogel and I broke off two weeks ago."

"He didn't tell me—but then I guess being dropped by you isn't something a man would boast about. What happened—if that's not being too inquisitive?"

"Ed and I had gotten to where we were taking each other for granted. When that happens you either break off or get married—and I'm not ready for that."

"I'd have thought Ed was the sort of doctor a nurse would marry."

"He is, but I've seen too many of these medical center marriages turn sour after the husband finishes a residency, or a fellowship, and goes out into practice."

Mike Raburn frowned. "Maybe I'm dense—but you seem to have left me somewhere."

"Ed is to cardiology what you are to surgery—the hottest young doctor on the staff. Even if he stays here and goes into the Private Diagnostic Clinic—"

"The nearest thing to private practice a faculty member can have," Mike interjected.

"Exactly. Actually it wouldn't make any difference where Ed goes, though. A good doctor in private practice jumps into an income bracket he never even dreamed of being in, with all the fringe benefits."

"Membership in the country club, Wednesday afternoon golf–"

"Plus nurses and technicians, to say nothing of divorcees and debutantes on the make," said Helga. "Of course if his wife has taken care of herself and still makes the right sort of a production out of their love life, she may be able to hold him against that kind of competition. But you've been around the medical scene long enough to know it doesn't usually happen that way."

"We see 'em in here every few days with migraine headaches, colon spasm, or an overdose of morphine snitched from the husband's medical bag," he agreed. "They exhaust themselves at the wheel of a station wagon, taking the kids to speech class and ballet school, or working with the medical auxiliary because they think it will help their husband's practice."

"But when hubby comes home at night, what does he find? A tired wife who doesn't feel like taking a bath and dousing herself with perfume before putting on the sexiest lounging pajamas she can buy and making like Cleopatra giving Julius Caesar the hots."

Mike suddenly doubled up with laughter. "You're making Shakespeare turn over in his grave," he protested.

"Old Shakey knew enough about human nature to bring a sexy Mark Antony on the scene just about the time Julius' prostate was making him get up two or three times a night," said Helga. "But the reverse happens in a lot of doctor marriages, when hubby starts watching the women in white who run the average medical community. Unless she's a knockout, a wife in a plaid skirt and loose sweater can't compete with a

nurse or technician in tight-fitting nylon, or even a secretary in boots and a mini. Before she even knows it, wifey finds herself on the losing end of a divorce."

"Are you going to be the *femme fatale* who takes him away from his wife?" Mike asked.

"I don't fool around with married men," Helga said indignantly. "I'll go on having my fun until I'm about thirty-five, then I'll pick me a successful doctor of forty-five or fifty whose wife is dead or who's been divorced."

"What about love?"

"Love is for youth—what I'll be looking for is security and affection. I'll be a damned good wife, too, so even if the upkeep is high, he'll be able to afford the sort of bargain he'll be getting. I'll see that we have only upper-echelon friends and in a pinch I might even become president of the medical auxiliary, when he's elected to head the state association. But the most important thing is I'll keep myself so desirable that he'll be eager to come home at night. And when his sexual vigor starts to wane, I know just the sort of hors d'oeuvres that will make his gonads shift into high."

"Stop it!" Mike protested. "You're making me look forward to growing old."

"And I'll be looking for employment if I don't get over to ICU and relieve Carolyn."

"Tell her I kept you. Today you're a heroine, I'm going to nominate you for a Carnegie Medal."

"ICU nurses don't get medals. You ought to know that."

"Or Emergency Room surgeons." His craggy face softened once more into a smile and his dark eyes were warm enough to step up her pulse a beat or two. "It looks like we'll just have to organize a mutual admiration society—and come to think of it, that's not a bad idea."

"Roger." She stood up, swaying a little. But when he reached out to steady her, she pushed his hand away.

"Keep your paws to yourself, Doctor," she said with mock severity. "I never play around on duty."

"For which that little girl out there can be thankful. I guess that makes us two of a kind, Miss Sundberg—and a rare kind at that."

II

In the office of Dr. Jeffry Toler, provost of Biscayne University Medical School and chief administrative officer of the new university medical center, Dr. Rebecca Dalton put down the magazine she had been holding, but not reading, when the door to the outer office opened. Slender, auburn-haired, and of medium height, Rebecca was as distinctly feminine, and as forthright, as her biblical namesake. The starched long white coat she wore was emblematic of the medical faculty, and the coiled tubing of the stethoscope peeping from a side pocket indicated that her field was medicine, not surgery. At thirty-two, she was already an associate professor of medicine in the school and a highly respected cardiologist in her own right, as well as a beautiful and highly sensitive woman who was also deeply troubled.

"Forgive me, please, Rebecca." The two doctors were friends of long standing and Jeffry Toler's voice was warm as he came over to where she was sitting and bent to kiss her cheek. "Manning Desmond collared me in the parking garage as I was coming back from Rotary. Your division chief can say less in more words than anyone I know."

Rebecca smiled. "Dr. Desmond taught me more about the human heart than all the doctors I've studied with put together, so I can forgive him the verbosity."

"I would be more inclined to call much of it verbiage," Toler said somewhat dryly as he took the tall chair behind his desk and swung it around to face Rebecca. "I imagine you already saw this," he added, opening the afternoon edition so she could see the headline: JURY EXONERATES DR. DALTON IN HEART TRANSPLANT DEATH.

"I missed the radio announcement but it was all over the hospital immediately."

"I'm not surprised. My secretary always knows what's happening around here long before it comes to my attention."

"Dr. Desmond called me before he went to Rotary, Jeffry. I imagine he talked to you about Dr. Barrows' application for retirement."

"The request will be presented to the joint meeting of the Hospital Board of Directors and the Executive Committee this afternoon at five. Manning tells me Jake Barrows has been having angina ever since that coronary three months ago, so there shouldn't be any hitch."

"The medical indications are perfectly clear," she agreed. "Did Desmond tell you he plans to recommend to the Board this afternoon that you be raised to the rank of full professor and appointed chief of the Cardiology Section?"

"Does it have to come right now?" Rebecca asked quickly. "I'm only thirty-two and you'll be promoting me over several older heart specialists."

"None of whom are as capable as you—or want the job."

"Lately I've been wondering just how capable I really am, Jeffry. It seems—"

"If you're blaming yourself for part of what happened to Ken, don't. Lots of husband-and-wife teams—"

"I was still largely responsible for selecting the cases for those heart transplants. Which makes me equally responsible with Ken for their deaths."

Caught up for perhaps the hundredth time in the past six months by the memory, and the horror, of what had followed, Rebecca turned to stare unseeingly at the large picture window behind the administrator's desk. And recognizing the source of her agony, Jeffry Toler didn't intrude into her thoughts immediately but removed his pipe from his coat pocket and took his time about stuffing and lighting it.

Nobody understood yet, although intensive research was being pursued in dozens of medical schools throughout the world, just why lymphoid cells in the body of a person saved

from death by the transplant of a heart or other organ from another so often invaded, and sought to destroy, the very organ that made continued life possible for the recipient. And so no one had really been able to explain why the series of heart transplants Dr. Kenneth Dalton had performed so brilliantly over a period of about a year had suddenly begun to die, one by one, six months ago from the mysterious process called rejection.

As an expert cardiologist, Rebecca Dalton was quite aware that death always watched over the shoulder of a surgeon in the cardiovascular field, where Ken had already achieved a string of brilliant successes even before he started transplanting hearts. One slip, a moment's lessening of the surgeon's confidence in the skill of his own hands, even a minor failure in the complex armamentarium of technical aids that made such surgery possible, and death was always waiting to step in.

Two years ago Ken Dalton had startled the surgical world and the press alike by performing fifteen heart transplants in succession, without a single death on the operating table or in the early postoperative weeks. As head of the Cardiac Research Laboratory and one of the chief heart specialists at Biscayne General, Rebecca Dalton had personally selected the cases for transplant and evaluated the chances of failure. Not from the operation—for Ken Dalton had already honed his skill to a degree of perfection that had earned him a reputation for technical excellence equal to a DeBakey, a Shumway, or a Cooley—but from concomitant disease of the liver or other organs that made success unlikely.

The Emergency Room at Biscayne General and other neighboring hospitals had been the main source of donors and the case from which the court test sprang had seemed typical enough—at the start. Kept breathing mechanically by a resuscitator in the hands of the alert crew manning one of the crack Fire Department Rescue Squad units, a young woman with a massive brain hemorrhage from an automobile accident

had been rushed to the Biscayne General Emergency Room from the Golden Glades Expressway.

Her heart was still beating when she was brought into the hospital, proving that it at least was alive. Not so, however, the brain, for the electroencephalogram, taken routinely on all such cases since Ken's spectacular success with heart transplants had created a continual demand for donors, had shown no action currents—the ultimate proof of brain death. While Kevin McCartney, the prospective recipient, waited, his failing heart barely able to maintain enough circulation to keep his brain alive, a frantic search for relatives of the doomed hemorrhage case who might give permission for the transplant had been carried on, with no result.

Three times the respirator had been stopped for five minutes, the period agreed upon in most hospitals as establishing death, but spontaneous respiration had not occurred and the brain waves, too, had remained non-existent. Yet each time the respirator was reactivated and oxygen once more moved into the red blood cells by way of the lungs, the girl's heart had continued to beat—proof positive that it alone still possessed life. Finally Dr. Adrian Cooper, professor of forensic pathology in the medical school, and county medical examiner, had determined officially that death had occurred and approved opening the otherwise dead body to remove the heart.

It had been one of Ken's most exciting and brilliant operations, Rebecca remembered. An hour after the first incision, Kevin McCartney's new heart was beating strongly in a body revitalized by its presence. The postoperative course had been equally rapid and free from complications, too, and for the past year Kevin had been able to work part time as bartender in the Dolphin Lounge adjoining Bayside Terrace.

His testimony, plus that of the staff and Rebecca, had destroyed the contention of the plaintiff—a brother of the accident victim—that she had been technically alive when her heart was removed. In the face of the barrage of expert testimony brought to bear by the lawyers Jeffry Toler had em-

ployed on behalf of both Ken and the hospital, the jury had refused to believe that there had been any life in the body of the dead girl, save only her heart, now beating strongly in the chest of Kevin McCartney and thus saved from death.

Long before the case had even come to trial, however, the gulf developing between Ken and Rebecca had widened when earlier transplant cases, for whose escape from imminent death he had been so highly praised at the time of the original surgery, began to die from rejection.

"Did Ken call you from the courthouse?" Jeffry Toler's question shattered Rebecca's painful reverie.

"I haven't heard from him since I testified at the trial," she admitted.

"I was hoping–" Toler broke off speaking: the look in her eyes had given him the answer.

"The next move is Ken's," she said. "I've done all I can do."

"If he wasn't such a good friend, I'd have tried long ago to knock some sense into that hard head. Or maybe, since I'm a friend to both of you, I should still give it a try."

"You can't help the situation, Jeffry–not while Ken is convinced that I've gone farther in the medical side of heart disease than he has in the surgical."

"Hell!" Toler exploded. "Ken did some of the earliest transplants in this country and at one time was almost as famous as Christiaan Barnard. If you ask me, it's his ego that's to blame."

Rebecca shook her head. "The real trouble between Ken and me isn't ego, Jeffry. It's his conscience."

"How can that be, when he's always given his patients the best he has–and then some?"

"Ken's convinced that fourteen transplant cases died because he let enthusiasm get the better of his surgical judgment. I don't agree, but I'm sure his unconscious mind still blames me for encouraging him to operate on some patients he wasn't sure about."

"All of them lived through the early weeks after surgery."

"Until rejection killed them, yes."

"Then how could he blame you?"

"I'm not much on psychiatry, but I do know that the unconscious isn't always rational."

"I guess the story of your and Ken's marriage isn't so different from some others I've seen in the medical field, at that," Toler conceded. "Both of you were top rank in your fields—until Ken stumbled and decided he was out of the race."

"I've tried to tell him he isn't, but he won't listen."

"In a contest between husband and wife for success in their careers, it's usually the woman who drops out—to have babies."

"We tried, but with no luck."

"Your fault—or his?"

"Neither, according to Jerry Singleton. He says my reproductive system is absolutely normal, and Ken has enough active spermatozoa to impregnate every female in sight—"

"That might just start to happen, you know. This place teems with attractive single women, divorcees, and wives looking to better themselves."

"For God's sake, Jeffry!" Rebecca's voice rose to an almost hysterical note as the rigid control she'd been exercising over her own fears on just that subject suddenly snapped. "What else can I do?"

"You don't have to be letter perfect in everything."

"Suppose I interpret an electrocardiogram wrongly and some poor devil dies of coronary thrombosis, when he could have been saved by pumping heparin into his bloodstream to keep a clot from forming?" Rebecca demanded heatedly. "How long do you think I could live with myself?"

"I guess you're right. But it's hell to stand by and see two of the finest doctors I know of in their fields beat their heads against a stone wall—especially when I know you're eating your heart out into the bargain, Rebecca."

She reached across the desk to squeeze his hand in a

gesture of gratitude. "I can at least thank you for caring, Jeffry."

"What do you want me to do about putting you up for promotion this afternoon? If you hold back, people will start jumping to conclusions."

"That I'm trying to save Ken's face?"

"What else? And frankly I don't think that would make the situation between you any better."

"Go ahead, then. Ken's on the Executive Committee, so he'll know about it anyway." She stood up. "I'd better get to work."

"I'll call you as soon as the meeting's over—not that there's any doubt of the decision."

Toler accompanied Rebecca out into the corridor and stood watching her thoughtfully as she walked down the hall, slim, proud, and very lovely, with the afternoon sunlight pouring through the window at the end of the corridor turning her auburn hair into a golden aureole. As the elevator door opened she turned with a parting wave in his direction, before stepping inside.

Back in his office, he turned the afternoon edition over and sourly studied the second-section headline: COUNCIL FINANCE CHAIRMAN ATTACKS HOSPITAL BOARD IN ROTARY SPEECH.

It was bad enough that he would have to watch Ken Dalton's face that afternoon, when Rebecca was promoted to a position in the Medical Department comparable to Ken's own status in Surgery, without having to listen to the fulminations of a politician like Ross McKenzie for an hour.

gesture of gratitude. "I can at least thank you for taking Jelly."

"What do you want me to do about getting you up for promotion this afternoon? If you hold back, people will start jumping to conclusions."

"That I'm trying to save Ken's face?"

"What else? And frankly, I don't think that would make the slightest sense—unless you are leaving."

"Go ahead. Ken Kelly on the Executive Committee, so he'll know about it anyway." She stood up. "I'd better get to work."

"I'll call you as soon as the meeting's over—not that there's any doubt of the decision."

Tyler accompanied Rebecca out into the corridor and stood watching her thoughtfully as she walked down the hall, slim, poised, and very lovely, with the afternoon sunlight pouring through the window at the end of the corridor turning her auburn hair into a molten aureole. As the elevator door opened she turned with a parting wave in his direction, before stepping inside.

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CHAPTER 2

THE CLOCK over the main console of the nursing station said five after three and Carolyn Payson, nursing supervisor of the Consolidated Intensive Care Section, comprising the Medical, Pediatric, and Coronary Intensive Care Units for reasons of efficiency and the most effective use of highly trained personnel, was still on duty. She was considering calling Helga Sundberg at their Bayside Terrace apartment in the unlikely possibility that the other nurse had overslept, when the chime of the Patient Distress Alarm sounded.

One of the world's newest and most sophisticated hospitals—in both construction and function—Biscayne General had been carefully planned to make the maximum of expert care available to the sick or injured. The Emergency Room and adjacent Observation Ward, with the main waiting room and business office, occupied half of the first floor, the rest being devoted to the Intensive Care Units. Concentrated in one section were the expert nursing care, constant physician supervision, and highly sophisticated patient monitoring systems so important in all cases where a life was in jeopardy—whether a child in respiratory distress or a heart threatened by the closing of one of its own arteries from coronary thrombosis.

A glance at the flashing red light on the Patient Selector, with its eight numerals and control buttons, told Carolyn the alarm had come from Cubicle Four, occupied by Carmelita

Sanchez. And a flick of a switch produced the sharply delineated wave pattern of the electrocardiogram (ECG in correct parlance instead of the more commonly used EKG derived from its original German name) upon the master oscilloscope screen of the large monitor before her.

The select group of ICU nurses were so highly trained in cardiology that they were generally able to interpret an electrocardiogram more quickly and correctly than the average doctor. And as Carolyn watched the moving point of light outlining the ECG pattern upon the sensitized ground-glass screen of the monitor, she saw that, although the patient's pulse rate was somewhat increased, the heart function was still essentially normal—for one who had been in coma three weeks from the often fatal serum hepatitis.

From the elevation of the nurse's station, Carolyn could see all eight cubicles making up Section One of the ICU, a general-purpose medical ward for critically ill patients, as distinguished from the adjoining Coronary Intensive Care Unit, abbreviated naturally to CICU. And through the open glass door of Cubicle Four she could also see that the nurse bending over Carmelita Sanchez showed no sign of alarm.

Pressing the switch of the two-way communication system beside her, Carolyn spoke into the microphone. "Temperature rising, Ella?"

The startled nurse jumped, then leaned over the bed to speak into the grilled front of the internal communications unit on the wall. "Up half a degree, but there's no change otherwise."

"That was enough to set off the PDA. I'll call Dr. Vogel."

Switching the controls of the monitor screen back to their usual function of recording the vital signs, Carolyn reached for the telephone to call the Medical Fellow in charge of the intensive care patients in that category.

"Please ask Dr. Vogel to call the ICU," she told the paging operator.

"Dr. Vogel's out of the hospital for a few minutes, Miss Payson, but Dr. Raburn is taking his calls. Shall I have him call you?"

"Please." Carolyn knew that, although Carmelita Sanchez was technically a patient on the medical service, Mike Raburn had been interested in her ever since he'd performed a liver biopsy shortly after she was admitted to the hospital.

The phone at Carolyn's elbow started blinking moments later. When she picked it up, Mike Raburn's voice sounded in her ear.

"Trouble, Miss Payson?"

"Carmelita's temperature is rising again, Doctor."

"Any of her family there?"

"Only her fiancé, Miguel Quintera."

"Tell Miguel I'll be over to see Carmelita as soon as I'm free; this place has turned into a madhouse again. You'd better put the top half of the cooling blanket on Carmelita, too, but tell Miss Sundberg to watch her temperature closely. It goes down pretty fast with both blanket layers operating."

"Right." Carolyn hung up the phone and passed the order on to the nurse who was specialing Carmelita Sanchez.

Transferred from another hospital in coma two weeks ago, at the insistence of her fiancé upon his arrival in Miami from Spain, where he was a first-year medical student at the University of Madrid Medical School, the lovely Cuban girl was already in an advanced stage of serum hepatitis.

Although the virulent and often fatal liver infection was almost always contracted through transfusion with blood containing the dreaded Australian—shortened to Au—antigen, Carmelita had been inoculated with the virus accidentally. A graduate laboratory technician, she had been taking blood from a patient with the disease when a defective syringe broke, sending a sliver of bloodstained glass into her hand and inoculating her with the deadly Au virus.

Every available weapon had been used in Carmelita's behalf. Large amounts of glucose had been given intravenously to shore up the failing liver and provide much-needed calories

to combat those being used up because of the steadily rising temperature. With repeated blood transfusions in large volume, the staff had sought to dilute the deadly virus to a point where the girl's own antibody-producing forces would be able to overcome the life-destroying agent.

But all measures had been to no avail and day after day the young Cuban first-year medical student had sat beside his fiancée or paced the nearby ICU waiting room, his dark eyes wordlessly accusing both doctors and nurses of a failure of which they were already disturbingly conscious, both his presence and the quietly breathing body of the lovely dark-skinned girl a constant reminder of their own helplessness.

"Was that the Patient Distress Alarm again, Miss Payson?" the soft voice of Miguel Quintera, who had been watching TV in the small staff lounge, asked at her elbow.

"Carmelita's temperature rose a little," Carolyn told him. "Dr. Raburn ordered the top of the cooling blanket put on."

"Why does he not come to see her?"

"He's tied up in the Emergency Room but will come up later."

"It doesn't matter." Quintera turned away, his slender shoulders drooping with weariness and loss of hope. "She is dying."

"Something may still happen to save her," said Carolyn. "Don't give up."

But even as she spoke, Carolyn Payson recognized that her voice carried no conviction. For who knew better than she that there were cases where no hope existed, either now or ever, no hope except the blessed relief of death that stubbornly refused to come?

II

"Female coming in," Dr. Valerie LeMoyne called out as she opened the door to the doctors' lounge adjoining the Operating Room Section on the third floor. "Keep decent."

"Be with you in a minute, Val." Dr. Jerry Singleton appeared briefly in the doorway leading to the shower and locker rooms.

He wore a towel around his mid-section and his dark wavy hair was damp from the shower. "I want to talk to you."

Moving to the window, Valerie LeMoyne lit a cigarette. Of medium height, she was dark-haired, svelte, and inclined toward somewhat severe fashions bought during an annual vacation on the Continent. Today she was wearing a white nylon pants suit, but with her usual degree of chic.

Val's rise to professor and chief of the Anesthesiology Section at Biscayne General had been meteoric, since she'd come to the United States from Paris and the Sorbonne ten years ago for a residency in her field at Duke.

Jerry Singleton appeared a few minutes later. In double knit blue slacks, a bright blue shirt, maroon sports jacket, and white Italian shoes of soft leather with a crepe sole, he was as fine a specimen of genus *Homo medicus* as one was likely to see—a fact of which Val LeMoyne was physiologically quite aware.

"Without that shapeless hospital gown you insist on wearing at work, you're a very handsome woman, Val." Moving over to where she was standing by the window looking at the street below, he took one of her cigarettes and lit it for himself.

"Since nylon was invented," she said, "women in white have had a distinct advantage over others."

"It does give a better idea of what's beneath while still not removing the excitement of learning for yourself."

"Is that why you and Kay broke up?"

"The divorce was Kay's idea, not mine, but I can't really say I'm sorry; life is harrowing enough for a surgeon without a wife to nag him when he's late for dinner. Besides, Kay had worked enough in a big teaching hospital as a volunteer before we were married to know what goes on in one of the most highly sexed atmospheres existing anywhere—except maybe in a brothel. She refused to believe I wasn't making out on the side."

"Weren't you?" Val's tone held a tinge of mockery.

"Actually, I wasn't. I tried to convince Kay of that, even

offered to leave the university and go out into private practice—"

"Where you would have made twice what you make here."

"And more. But I also like teaching, which was something else Kay couldn't understand. I guess because her father's a gynecologist who has made a fortune out of small fibroids."

"To a hysterectomy-minded surgeon they're worth their weight in gold," Val agreed.

"Until a patient drops dead on the day she's leaving the hospital, like the one I lost last week," said the surgeon glumly.

"Nobody can prevent pulmonary embolism, Jerry—just like we still don't know how to prevent the occasional anesthetic death for no reason anyone can find. They're simply hazards both surgeons and anesthesiologists have to face."

"Still, if I hadn't operated on that one, she wouldn't be dead."

"You're not going to let an unavoidable death throw you the way Ken Dalton has let those transplant deaths do him, are you?" she asked sharply.

"No." Jerry Singleton unconsciously straightened his shoulders, which had slumped momentarily. "Like you say, embolism is a normal hazard of even the simplest operation."

"Cheer up," said Val. "You've got a lot to live for, my friend. Just think of all the pleasure you're giving the women you go out with. And when you marry—"

"Oh no! I'm not putting on the ball and chain again."

"That's what you're saying now. But from what I've seen of divorced men, it takes about a year for them to finish sowing all the wild oats they'd been dreaming about while they were married. Then they settle down and marry again, usually to someone very much like the wife they divorced."

"God forbid! Besides, Kay divorced me—"

"That doesn't make any difference. Still, you might be the exception. Certainly you're much too handsome and sexually attractive for anybody to believe you could really be a family man the second time around, Jerry. And from the hospital

scuttlebutt, you've given what was obviously a natural talent for seduction quite a high polish."

Jerry Singleton grinned. "I have to do something in my spare time, and I don't like golf. Come to think of it—and this isn't the first time—why not join me in an exciting and tempestuous affair? I could show you some of the things I've learned."

"I came into the lounge for a cigarette, Jerry, not looking for an invitation to seduction."

"I know you like scuba diving. Why not go to the Keys with me this weekend?"

Valerie LeMoyne stubbed out her cigarette in an ashtray on the window sill before she answered—and hoped he didn't notice the sudden trembling of her hand.

"You're very sweet and very attractive, Jerry," she said on a deliberately casual note. "But I was badly hurt once, there's even a small scar left."

"Scarred hearts thrive on moderate exercise, my dear. All cardiologists recommend it."

"Fair enough," she said. "Will you give me a rain check?"

"Of course."

"I'll let you know Thursday evening." Val looked at her watch. "It's time to start the next case. Good hunting, Jerry."

III

Dr. Karen Fletcher finished her daily thirty laps of the Bayside Terrace swimming pool and climbed the ladder to the rim of the pool. Pulling off the rubber cap that had protected her silver-tinted hair from the water, she shook the silky pile loose until it tumbled about her shoulders. Moving to a beach chair, she picked up a large nubby towel and began to rub her body dry in the nylon tank suit that was almost as revealing as its absence would have been, not at all unconscious of the admiring eyes of a pair of medical students who had been dozing beside the pool until she came out and started swimming.

At thirty, Karen Fletcher had already achieved many of

the goals she'd set for herself long ago, when she left the small Midwestern town that was her birthplace for college—and never returned. Already a championship swimmer in high school, she'd been able to parlay an athletic scholarship into a college pre-med course. And the decided flair for bacteriology and pharmacology she'd shown in college courses, plus her emergence as a serious contender for Olympic honors in swimming, had guaranteed her medical school tuition.

From there, Karen Fletcher's rise had been meteoric, for the most part because of a real ability and flair for the fields of pathology and toxicology, but to some extent because a petite beauty, whose pocket Venus proportions were exquisitely perfect, was enough of an anomaly in the musty basements of pathology laboratories to be notably distinctive. Assistant professor of pathology four years out of medical school, she had come to Biscayne University Medical School as an associate professor two years before.

When Karen bent to pick up a comb that had fallen out of the folded towel, one of the watching students gave a shrill whistle of appreciation.

"Cool it, fellows," she said. "The university frowns on faculty-student fraternizing."

"There's nothing fraternal about what I'm thinking right now, Dr. Fletcher." The shorter one, a merry-eyed Cuban, grinned impudently. "Is it true that you won a gold medal in the 1967 Olympics?"

"It was '68, Mendoza, don't make me any older than I am." Karen picked up a short terry robe from the chair and slipped her arms into it, hiding her torso but leaving the superb legs of a championship swimmer fully exposed.

"To me you're the epitome of the eternal female, Dr. Fletcher," said the dark-skinned Mendoza. "It's too bad you're a pathologist and all that loveliness has to be wasted on the dead."

Karen laughed as she picked up the magazine she had brought out with her, in case she felt like reading after her

swim. *It has never been wasted yet, my friend,* she thought. *And never will be—not since the day I discovered how really valuable it is.*

Halfway across the stretch of lawn between the pool and the rear lobby entrance to the Terrace, where Karen had an apartment, she came around a jacaranda bush that was a mass of violet-colored flowers and stopped suddenly to keep from running over a small boy of perhaps five. Squatting in the middle of the graveled walk leading from Bayside Arms, the large, less expensive garden apartment complex a good block away, to the old hotel and the hospital, he was panting audibly. But even if she hadn't recognized the boy, the odd ducklike posture and the bluish tint to his lips, ear lobes, and the skin of his torso, exposed by the brief shorts that were his only garment, would have told her medically trained mind that he suffered from congenital heart disease.

"Hello, Dr. Fletcher," said the boy, smiling.

"Are you all right, Dale?" Karen had recognized the small son of Peggy Tyndall, the physician's assistant who was also chief technician in the Cardiac Research Laboratory.

"I'm okay. Just stopped to get my breath."

"Do you have to rest more often lately?"

The tendency to squat suddenly at play and rest long enough to breathe freely again, plus the cyanotic hue of skin and mucous membranes, were characteristic of a heart malformed long before birth and unable to pump enough blood through the lungs to supply the body's need for oxygen.

"Maybe—when I run a lot." Dale jumped to his feet. "'Scuse me, Doctor. I gotta go."

"Where?"

"To see Kevin, he gives me beer."

"To a little boy like you? I can't believe it!"

Dale was gone, running toward the door leading into Bayside Terrace and the Dolphin Lounge, where Kevin McCartney was bartender. After a moment Karen followed but

stopped at the door of the dim-lit lounge when she saw Dale climb confidently upon a stool at the end of the bar.

"There's my boy!" Kevin McCartney's rich Irish brogue came to Karen's ears as she watched. "What'll you have?"

"Beer," said Dale. "In a frosted mug–and one for Dr. Fletcher."

"Dr. Fletcher?" Kevin squinted toward the door. "Oh, hello, Doctor. I didn't see you."

"I followed Dale–when he told me you gave him beer."

Kevin laughed. "It's root beer. He likes it in a frosted mug–Western style. Can I get you anything?"

"No, thanks. I've been having my daily swim."

"Bet you could win another gold medal if they were staging the Olympics now. I watched on TV when you won in '68."

"I doubt that I'm in championship form right now, but thanks anyway," said Karen. "You see Dale often?"

"Nearly every day. Why?"

"Would you say he's getting more short of breath lately?"

"I'm okay, Dr. Fletcher," said Dale. "Next year I'm going to school. And when I get older, Dr. Dalton is going to operate on me, so I can play baseball like the other boys."

"I think you're right, Doctor." Kevin spoke softly. "But I didn't want to worry Peggy by mentioning it."

"I'll talk to her," said Karen. "Right now, I'd better go up and get a shower before this air conditioning gives me a cold."

"Any news about Dr. Cooper?" Kevin asked.

Two years away from retirement, Dr. Adrian Cooper, professor of pathology and head of the department, as well as medical examiner for the county, had been felled by a massive stroke, leaving him paralyzed for the past two months. As his second-in-command, so to speak, Karen Fletcher had headed the department with her usual efficiency, though on a temporary basis, ever since.

"I'm afraid it's not very good," she told Kevin.

"Too bad. He's a fine man."

"And a great doctor," Karen agreed. "So long, Dale."

"Good-by, Dr. Fletcher," said the boy as he climbed down from the stool. "Thanks, Kevin."

"Any time, Dale."

"*Madre de Dios!* What a woman!" Mendoza, the Cuban student, had entered the lounge by the side door and taken a stool at the far end of the bar. "Did you look at those gams, my friend—and what goes with 'em?"

"I gave up them games when Dr. Dalton put the new heart inside my chest," said the bartender. "What'll you have?"

"Beer to cool my fevered thoughts. Did you ever see as much woman crammed into such a small package?"

"We Irish don't waste time makin' over women the way you Latins do." Kevin grinned as he slid a tall stein of beer down the polished bar so it stopped directly in front of Mendoza. "We prefer the 'How 'bout it, babe?' approach. You'd be surprised how often it works, too."

"I'm not surprised, we Latins use it too," said Mendoza. "Know what the students call Dr. Fletcher?"

"I can imagine—but what is it?"

"The Black Widow."

"Why? She's certainly not black—"

"And not a widow, either, as far as I know. But something about her tells you, if she'd ever let you make love to her, she'd eat you alive."

"I suppose you'd like to be eaten?"

"You gotta go sometime." Mendoza shrugged. "And what better way?"

"I guess you've got a point there," Kevin admitted. "But she's a good doctor, isn't she?"

"I don't know how she'd be in practice, but as a pathologist she's tops. In fact she's so good as a teacher that for a little while you even forget she's a beautiful woman—and that's saying something. The students have started a pool on whether she'll take Dr. Cooper's place—for good."

"How are you betting?"

"On her, of course. That baby can have anything she wants—including me."

"Even if you're eaten up?"

Mendoza shrugged and drained the stein. "Like we were just saying, what a way to go!"

"Wait a minute," said Kevin, and Mendoza stopped in the doorway. "You're practically a doctor, aren't you?"

"Only one more semester to go. Why?"

"Did you see the boy that was just in here?"

"Sure. I've examined him in the Cardiac Outpatient Clinic, too."

"What's the outlook for him?"

"Not bad—with luck. He's got what's called the tetralogy of Fallot, which means the blood channels inside his heart are pretty well crossed up. Dr. Helen Taussig and Dr. Alfred Blalock in Baltimore worked out an operation years ago that corrects most of the trouble. It isn't very dangerous, either, but most heart surgeons nowadays like to wait 'til the child is around seven or eight, when the heart is large enough for them to use open heart surgery and they can do a better job. The risks aren't much greater than the Blalock-Taussig operation then either."

"And afterwards Dale will really be practically normal?"

"Almost as if he'd been born that way." The Cuban gave Kevin an appraising look. "How about yourself, friend?"

"I'm fine, just fine," said Kevin heartily. "Going fishing tomorrow, down at Marathon."

"The boat my family escaped in from Cuba landed at Marathon. I was only a boy but you can bet heaven won't look any better than that place did after five days at sea in an open yawl."

IV

"Sometimes I wonder whether I'm really cut out for this business," Mike Raburn told Mrs. Faye Connor, three-to-eleven nursing supervisor for the Emergency Department, after talking to Carolyn Payson. "I'm always letting people I can't do anything for make me feel guilty."

"That's what makes you stand out from the average run of doctors like a diamond in a ten-cent-store ring," said the veteran nurse. "The Cuban girl again?"

"And the medical student she's engaged to. Every time I make rounds and stop to see her, he looks at me like he expects me to pass a miracle and cure her."

"That's what you get for building up the kind of reputation you have around here. What's happened to Carmelita now?"

"Her temperature just set off the PDA. Second time today."

"I've never seen anyone as deep in hepatic coma as she is come out of it. Have you?"

Mike shook his head. "Never. I'm getting so I hate to even go by the room. She's so pretty, even through the jaundice, and Miguel's so young—it sort of gets you to look at them."

"You could pass 'em up, you know. She's really on the medical service."

"Yeah. But I still go, maybe because I'm nothing but a sloppy sentimentalist at heart."

"Not at heart—all heart," the nurse corrected him. "Which reminds me—when are you going to get yourself a girl?"

"When I can find somebody who sees the beautiful spirit behind this mug of mine. Not thinking of getting divorced, are you?"

"If I were twenty years younger, I might. Now get out of here so I can do some work."

A tall interne in rumpled whites appeared at the door of the nursing station. His face was flushed with annoyance. "A Negro woman's out there with a little boy, Mike. She won't let anybody see him but you."

"Coming, Dr. Gaither." Mike winked at the nursing supervisor. "At least somebody loves me."

"Don't go fishing for compliments. Everybody at Biscayne General loves you, Dr. Raburn, and you damned well know it."

In the cubicle to which Dr. Nolan Gaither directed Mike, a tall, striking-looking Negro woman was standing beside the examining table, holding the hand of a boy of perhaps six

who lay upon it. The child appeared to be unconscious but every few minutes he cried out and clutched at his abdomen, before lapsing into stupor again.

"Rachel Gates!" Mike Raburn's voice was warm. "What's wrong?"

"Thank God you're here, Dr. Raburn," said the mother. "Joe told me any time we got into trouble and I couldn't get our pediatrician, to come to you."

"This is Big Joe Gates's wife and his son Joey; they're old friends," Mike told the interne. "Dr. Nolan Gaither, Mrs. Rachel Gates."

"I'm sorry if I seemed huffy, Dr. Gaither," said the golden-skinned woman, "but I was worried."

"It's all right, Mrs. Gates. If I'd known your husband was the Snappers' star forward, I'd probably have given you the keys to the hospital."

"What happened, Rachel?" Mike moved into the cubicle and picked up the boy's wrist.

"Joey went to day camp this morning; it's run by our church and the bus picks him up at eight o'clock. The school nurse called me about an hour ago to say he was complaining of pains in his legs and stomach. By the time I got there he was like you see him now—in sort of a stupor."

"Was he all right yesterday?" The surgeon's big hand had been moving gently over the child's abdomen but lingered now just beneath the rib margin on the left side.

"Joey played ball with some neighbor kids after he came home from camp yesterday. We took Big Joe to the airport later; he's in San Francisco helping negotiate the new contract for the players' union. On the way home Joey insisted on stopping for some ice cream, he's crazy about that peppermint stick flavor at Howard Johnson's."

"So am I—and a few million other people."

Taking Dr. Nolan Gaither's hand in a casual gesture, Mike placed it on the upper left side of the boy's abdomen. The sudden alertness in Gaither's eyes told him the interne had detected the enlargement of the spleen beneath the ribs.

"Take a look at the nail beds, too," Mike added before turning back to the mother.

"Anything else you can tell me, Rachel?" He reached for an ophthalmoscope, hanging from a rack on the wall.

"Nothing that I know of. They said at the camp that he didn't fall or anything."

Separating the boy's eyelids, the big doctor flashed the light into the pupil. It contracted immediately, as it should, so he pulled down the eyelid itself and moved the bright spot of illumination about.

"Look at this," he told the interne, and Dr. Gaither transferred his attention from marking out the size of the spleen on the boy's abdomen with a wax pencil to the conjunctiva—the white part—of the eye.

"There was a report in one of the journals the other day about near obliteration of the capillaries in the conjunctiva," Mike said.

"I see that but—"

"Did you order any blood work?"

"The technician has already taken the blood. It should be ready in a few minutes."

"Mrs. Connor," Mike called to the nursing supervisor, "will you watch the patient while Dr. Gaither and I go to the laboratory?"

"Certainly, Doctor."

In the Emergency Department Laboratory, which had its own staff covering the ER itself, the Acute Observation Ward, and the several divisions of the ICU, a technician had just finished staining a blood smear. Taking the slide from her, Mike Raburn placed it beneath the microscope and focused the instrument carefully.

He already knew what to expect from the history, the fact that little Joey Gates was black, and the near obliteration of tiny blood vessels in the lining of the eyelids—and he was not disappointed. Spread out on the slide in the bright light reflected up through the lens system of the microscope, the normally biscuit-shaped red blood cells showed all sorts of

weird configurations instead. By far the larger number were much the shape of an Arab scimitar.

"Take a look," Mike told Nolan Gaither, and slid off the stool.

The interne adjusted the controls of the instrument to fit his own eyes. "My God!" he exclaimed. "Sickle cell anemia."

"What you're seeing is a crisis." Mike reached for the telephone. "Not many that severe get well."

"Get me Dr. Henderson—stat!" he told the operator.

Less than a minute after the operator started paging the pediatric resident, Gus Henderson's voice sounded in Mike Raburn's ear.

"What's up, Mike?" the baby specialist asked.

"Big Joe Gates's son is in the Emergency Room with a sickle cell crisis. His nail beds are already dusky from cyanosis—"

"I'm on my way." The telephone clicked in Mike's ear.

"Alert Pediatric ICU that we'll be bringing them a patient in a few minutes," Mike told the interne crisply. "I'll go talk to Rachel."

"It's a severe crisis, isn't it?" Gaither asked.

"That boy's lung capillaries are so clogged by abnormally shaped red blood cells that he isn't getting the oxygen he needs to keep his brain functioning at full steam. So far, there's only enough oxygen lack to cause semicoma but his pO_2 could drop below the critical level any minute and the brain cells start being damaged beyond repair, along with those in his heart, his kidneys, and a lot of other organs. If we don't reverse that process in the next hour or so, Joey will either die or be a vegetable the rest of his life."

CHAPTER 3

ONLY OCCASIONALLY now was Richard Payson able to hold his head still and keep his eyes focused long enough to read the time of day on the clock above the nurses' station controlling the section of the ICU that included the glass-fronted cubicle where he'd lain for nearly a month. But then time held only one thing for him any more, the five minutes or so before seven in the morning when Carolyn, his daughter, stopped by on the way to her post as morning shift nursing supervisor in the ICU and again during the hour she customarily spent with him at the beginning of the afternoon shift, before leaving the hospital. The flashes of lucidity were farther and farther apart now, too; when they did come, however briefly, his own mental agony and particularly the torture he saw reflected in the face of his lovely daughter were always worse than before.

He'd first realized something was wrong over a year ago, when little things like sudden explosions of temper, of which he was immediately ashamed, had begun to haunt him like specters from the past. He'd not been able to understand the change and only when his signature had started breaking up to a point where the bank began to query him about checks he'd written had he admitted to himself that the strange movements of his fingers, particularly when he was engaged in some activity requiring intense concentration, were more

than simply a result of the increasing nervousness that so often gripped him.

The first time he'd really suspected the grave nature of the change within himself was when he'd run to board an airplane and fallen on the dry, non-slippery tarmac. He had experienced real panic then and, on the way back to Atlanta, had consulted Dr. Peter Gross, chief of neurology at Biscayne General and a professor of medicine on the faculty of the medical school. An old friend, Dr. Gross had identified the pattern of progressively rapid deterioration of almost every body function, accompanied by loss of connection with reality at times, as a sinister gift from a forgotten ancestor, the gene of a malignant heritage handed down from person to person.

"Huntington's disease?" Richard Payson had asked when Dr. Gross told him the diagnosis. "What's that?"

"A progressive deterioration of nerve tissue in the brain, first identified by Dr. George Huntington in 1872 as a strange form of chorea. Did you ever see anyone with St. Vitus' Dance?"

"I had an uncle who was the town ne'er-do-well. Everybody laughed at him because he was always shaking and trembling—except when he got drunk enough to go to sleep. Then he only jerked occasionally."

"How old was he?"

"Maybe forty—or forty-five."

"He probably inherited Huntington's disease—we call it H-D now—like you did."

"But nobody else in my family ever had anything like it."

"H-D usually develops late. How old was your father when he died?"

"Not much over thirty-five, he was killed in an automobile accident—" Richard Payson had stopped, aghast. "Are you saying—?"

"The disease rarely appears before thirty-five or forty."

"Then Father could have developed symptoms—if he'd lived long enough?"

"Quite possibly," Dr. Gross confirmed. "The genes some-

times manage to skip generations but, whenever either parent develops the condition, one or more of the children will have it."

"What are the odds?"

"Fifty-fifty at the very least."

"My God! What have I done to my daughter?"

"You haven't done anything to her," said the neurologist. "After all, you had no way of knowing–"

"Suppose I had? What could I have done?"

"Not having children stops the disease from passing, of course. The main trouble is that people who develop H-D in later life cannot know, while they're young, whether they're going to have it or not–since it usually doesn't appear until after their children are born. And by that time there's no going back."

"How much do you suppose Carolyn knows about this–this Huntington's disease?"

"She probably studied it in her nursing courses at Gainesville. Until a few years ago it was barely mentioned, but there's been a lot of publicity since '67 when Woody Guthrie died of it."

"How long did Guthrie know he had it?"

"The first symptoms appeared about thirteen years before his death."

"You mean I may be a burden on Carolyn for that long?" Richard Payson had asked, his voice taut with horror.

"I can't make a hard and fast prognosis, of course. But–"

"I want the truth, please."

"Considering the rapidity with which your symptoms developed–"

"I probably won't last long?"

"That's a possibility."

"And my only hope?"

"Tranquilizers help sometimes and a lot of other drugs have been tried."

"But none of them actually affect the course of the disease?"

"None that we know of."

"It's incredible that a single one of your chromosomes can determine what will happen to you when you're thirty-five, forty, even fifty years old—and condemn your children to the same fate."

"Not all of them," said Dr. Gross. "There's a fifty-fifty chance because, in the production of sperm and ova for reproduction, each chromosome splits."

"I know almost nothing about heredity, so you'd better start farther back than that."

"Each body cell is composed of a nucleus of dark material known as chromatin and a surrounding zone called cytoplasm that stains very lightly in a microscopic preparation causing the nucleus to stand out," Dr. Gross had explained. "When studied under a high enough magnification, the nucleus can be seen to contain a skein of chromatin with tiny dark spots along the strands that make it up. The dark spots are the genes that carry all hereditary human characteristics. Every normal body cell—except the sex cells which are specialized for reproduction—has forty-six chromosomes divided into two sets of twenty-three each plus innumerable genes. In the offspring, one set comes from the mother's ovum and the other from the father's sperm cell."

"Are you saying that every cell in a person's body carries genes from both the mother and the father?"

"Excluding the sex cells—yes."

"Then how can anyone escape inheriting every trait from both parents?"

"Because the first body cell—formed by the fusion of the sperm and egg—can have only forty-six chromosomes. Which means that, before the two sex cells unite at the time the ovum is fertilized, half of the chromosomes each of them has are discarded in the form of what are called polar bodies to keep the new individual from having ninety-two instead of forty-six chromosomes."

"Reducing the chance of inheriting a trait like H-D to fifty-fifty?"

"Exactly—unless both parents carry it. In that case, transmission of the disease from parent to child is a certainty—"

"God! What an heirloom!"

"There have been some real dillies in history," Dr. Gross confirmed. "Through Queen Victoria, members of royal families all over Europe wound up being bleeders—suffering from hemophilia. It's transmitted through the female but affects only the male."

"So what do I do?"

"Put your affairs in order—and wait."

"For death?"

"We may discover some way to treat the disease—a lot of work is being done on it."

"That's like having cancer and sitting around waiting for someone to discover a cure before you die. It would seem to be about as futile a reason for living as I can think of."

"We used to think the same thing about people who are prone to attacks of apparently senseless violence," said Dr. Gross. "Then a few years ago we learned that many such attacks are caused by epilepsy limited to the temporal lobe of the brain. The whole picture still seemed hopeless, though, until some brain surgeons started removing the part of the temporal lobe that's involved. Or using a much simpler treatment consisting of putting a needle into the area through a small hole drilled in the skull and destroying that part of the brain either with cold or by electric coagulation. Now a lot of these people can be saved to live useful lives."

"How long can we keep the truth from my daughter?"

"I don't advise it, Richard. Carolyn's a brilliant girl, one of the best nurses we have. Besides, she's engaged, I believe, to a fine young pediatrician named Gus Henderson."

"I know him."

"I don't know what their wedding plans are, but neither of them may want to take the chance of bringing a child into the world with a black gene like the one for H-D as a heritage."

"We'll cross that bridge when we get to it," Richard Payson

had said firmly. "I'm going back to Atlanta—to wait. And don't tell her."

"As you wish, Richard. We've been friends too long for me not to want to help you—even though I think you're making a mistake."

"There's always a way out—for me."

"Some people with H-D take it. But as a doctor I cannot countenance suicide."

"Even when it's the simplest answer?"

Dr. Gross shrugged but gave no answer. And, in the end, Richard Payson had not possessed the courage to take his own life, although he cursed himself many times later because of that failure—now that he was no longer physically able to do so.

II

Gus Henderson's examination of Joey Gates was brief. The clumped red blood cells under the microscope with their bizarre shapes that resembled nothing except sickle cell anemia, plus the urgency demanded by the deepening color of the boy's blood, indicating oxygen lack, made rapid treatment imperative.

"You've got a very sick boy, Mrs. Gates," the tall pediatrician told the mother. "He's in a severe sickle cell crisis and we'll have to put him under intensive care immediately—"

"Aren't there some new drugs, Doctor?"

"We'll use the treatment with intravenous injection of urea that you probably read about, even though we're not as sure of its value as we were at first. Even more important, we'll use potassium cyanate, which seems to have even more promise. Right now, though, the sickled cells are sticking together to form masses that clog the small blood vessels of his lungs and other organs, interfering with his getting the oxygen his brain needs. That's why he became unconscious."

"Can't you give him oxygen?"

"We will, as soon as we can get him to the ICU and start—"

"Gus." Mike Raburn's voice was suddenly urgent. "There's another way—the hyperbaric chamber."

"It's never been tried," said the pediatrician doubtfully. "And we need to get the urea and cyanate started right away."

"He can be getting that intravenously while he's in the chamber."

"What are you talking about, Mike?" Rachel Gates asked.

"We have a large tank here called a hyperbaric chamber," the surgeon explained. "Inside it patients with oxygen lack can breathe the gas under pressure so more of it gets into the blood."

"If the red blood cells can get through the capillaries," Gus Henderson added.

"Obviously we can't increase the number of cells getting through until the drugs have time to exert their effect," Mike said somewhat impatiently. "But we can still double or even triple the amount of oxygen carried by the cells that *do* get through. And that's certainly worth trying."

"Okay," said the pediatrician. "He's critical enough for desperate measures."

"I'll go into the chamber with him," Mike told Rachel. "I've had a lot of experience with hyperbaric oxygen in connection with some geriatric work I've been doing, studying its effect on the deterioration that so often goes with age."

"Big Joe and I appreciate what you're doing, Mike," said Rachel. "Joey likes you a lot, so if he wakes up in there he won't be afraid."

"I'll get things going in the Hyperbaric Laboratory." Mike moved to a wall telephone. But he didn't add that, unless the desperate measures they were taking to save Joey's life were able to turn the tide of crisis in the boy's favor, he might never be conscious enough to be afraid.

The pressure chamber was at the end of the long corridor through the ground floor of the Biscayne General tower that also gave access, by a side door, to the main ICU. As Mike was

passing the door, Helga came out of it and the two almost collided.

"This seems to be my lucky day," he said. "Are you okay?"

"Sure. Just because my suprarenals overshot the mark doesn't mean my whole endocrine system is permanently out of balance."

"God forbid!" he said fervently, and Helga laughed.

"I learned one thing today, at least; the superefficient Dr. Raburn is also quite human. Where are you off to in such a hurry?"

"I'm taking a patient into the hyperbaric chamber in a few minutes."

"Will the pressure be very high?"

"As high as we can stand it. Why?"

"I'm beginning to worry—"

"About me?"

"Of course not, you're indestructible." Her voice had taken on a mocking note. "I'm going to put out a sex alert on the grapevine. If all that oxygen you'll be breathing under pressure has the same effect on you that it has on some of those old fellows you've been taking into the chamber, feminine virtue isn't going to be safe around here for the next three or four days."

III

Standing beside her father, after turning the ICU over to Helga Sundberg shortly after three, Carolyn Payson tried hard to keep from crying—and didn't quite succeed. Even someone living in the midst of a constant battle against death, as she did, could hardly fail to be moved by the sight of her own father lying helpless, his body twitching constantly in the purposeless, uncontrollable movements of Huntington's disease.

She had first learned of his illness about a month earlier when, disturbed because she hadn't heard from her father for some time, she had asked a friend in Atlanta to check on him and discovered that he had entered a nursing home of his own

volition. Carolyn had gone to Atlanta immediately and brought Richard Payson back to Biscayne General, placing him on the ICU where she could watch him closely herself.

At Carolyn's insistence Dr. Gross had revealed the details of his earlier examination and the marked progression of the disease process since that time. Until now even Richard Payson's eye muscles were beyond control and his eyeballs jerked constantly when he was awake, gripped by the same malignant force that was rapidly destroying the strong, vigorous man of forty-five who had tossed her in the air as a little girl, catching her when she fell, squealing with delight, in arms that could be as gentle as the touch of the mother who had died bringing her into the world.

Sometimes Carolyn thought her father was still able to recognize her. But more often than not these past weeks, as the destruction of a man by his own genes progressed with inexorable determination, she was sure he no longer even knew her. Only rarely did he speak any more either, and even then the words usually tumbled over each other in an unintelligible jargon that was almost always meaningless.

"Let me die! Let me die!"

The three words—the desperate need they signified penetrating even through the grip of the monstrous evil that had risen from the heritage of past generations to destroy him—kept constantly recurring like a desperate prayer. He spoke them again now as Carolyn stood beside his bed, holding a hand that writhed constantly within her grasp. For once the words were amazingly clear, too, considering the meaningless stream that tumbled from his lips except when he was in the grip of strong sedation. And, hearing again those same three words, Carolyn felt her heart twist in an agony of pain and frustration at her own helplessness.

"I've ordered a sedative," a familiar voice said at Carolyn's elbow and she turned to find Dr. Peter Gross standing there.

At the sight of the neurologist's little goatee and soft brown eyes, warm now with compassion for her, she could hold back

the tears no longer and buried her face against the white coat of the older doctor.

"Let it come out, child," he said. "He doesn't recognize anyone now."

"But he can still speak."

"Only because the wish to die is more powerful than anything except the life force."

"I'm all right now." Carolyn dried her eyes with the large white handkerchief Dr. Gross gave her. "It's just that everything's happened so fast."

"No faster than your father wanted it to happen, once he knew the truth," the neurologist assured her. "H-D isn't a pleasant fact to face."

"Why must he face it any longer then—when he wants to die so badly?"

"Many sick people say they want to die, Carolyn; you're too experienced a nurse yourself not to know—"

"Surely you don't think he wants to live now?"

"I'm not sure he isn't past knowing what he wants—"

"Let me die! Let me die!" The voice from the bed was a prayer—to God and to those whose hands could play God, at least long enough to deliver a man from torture—and a cry of protest, too, against the crucifixion of the spirit Richard Payson was undergoing.

"Listen to that!" Carolyn seized the lapels of the long white coat Dr. Gross was wearing. "Listen to that and tell me he doesn't know what he wants."

"I've sworn to preserve life, Carolyn—and so for that matter have you. Neither of us has the right—"

"But he was always so strong, so vital. You don't know what it is to see him now."

"We'll make it as easy for him as we can—count on that. It's you I'm worried about."

"I know what's ahead," said the dark-haired nurse quietly. "Quite a lot has been written about Huntington's lately and most of it's in the medical school library. I think I've read it all since I brought Father here."